

DECLARATION FOR PATENT APPLICATION

ATTY DOCKET No. 18417.036

As a below-named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR NON-INVASIVE BLOOD CONSTITUENT MONITORING

the specification of which: (check one)

☐ is attached hereto.

☒ was filed on February 5, 1999, as U.S. or PCT International Application No. 09/244,756, and was amended on _____ 19____ (if applicable).

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information that is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or under § 365(e) of any PCT international application which designated at least one country other than the United States of America, listed below, and have also identified below, by checking the "No" box, any foreign application for patent or inventor's certificate or any PCT international application having a filing date before that of the application on which priority is claimed:

Foreign (or PCT International) Application No.	Country	Foreign (or PCT International) Filing Date	Yes	No

The following foreign application(s), if any, were filed more than 12 months (6 months for designs) before this U.S. application:

Foreign Application No.	Country	Foreign Filing Date

I hereby claim the benefit under 35 U.S.C. § 119(e) of any U.S. provisional application(s) that may be listed below:

U.S. Provisional Application No.	Filing Date
60/073,784	February 5, 1998

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) or under § 365(c) of any PCT international application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior U.S. or PCT international application in the manner provided by 35 U.S.C. § 112, 11, I acknowledge the duty to disclose information that is material to patentability as defined in 37 CFR § 1.56 that became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. (or PCT) Parent Application No.	U.S. (or PCT) Parent Filing Date	Status (patented, pending, abandoned)

I hereby appoint the practitioners associated with CUSTOMER NUMBER 20,121 as having Power of Attorney to prosecute this application and transact all related business before the USPTO, and I direct that all correspondence be sent to the address associated with that Customer Number.

Direct Telephone Calls to:
Allen S. Melser

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor:

Dr. Robert R. STEUER

Inventor's Signature:

Robert R. Steuer MD

Date: 4.23.99

Residence Address:

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☒

Additional inventors are named on attached supplemental sheet(s).

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DECLARATION FOR PATENT APPLICATION

PAGE TWO

Full name of second inventor:	Dr. David R. Miller	Date:	✓ 4/23/99
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Full name of third inventor:		Date:	✓
Inventor's Signature:	✓		
Residence Address:			
Country of Citizenship:			
Post Office Address:			

Full name of fourth inventor:		Date:	✓
Inventor's Signature:	✓		
Residence Address:			
Country of Citizenship:			
Post Office Address:			

Full name of fifth inventor:		Date:	✓
Inventor's Signature:	✓		
Residence Address:			
Country of Citizenship:			
Post Office Address:			

Full name of sixth inventor:		Date:	✓
Inventor's Signature:	✓		
Residence Address:			
Country of Citizenship:			
Post Office Address:			

Full name of seventh inventor:		Date:	✓
Inventor's Signature:	✓		
Residence Address:			
Country of Citizenship:			
Post Office Address:			